

215795

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for Class  
C Charter

COPY

Posted: 100/05

Dept: S.A.

Date: 3/18/09

Time:

(Please type or print)

Submitted by: Jesse Moss/White dba Calicab

Address: 1221 Shalom Drive  
Myrtle Beach SC  
29588

Telephone: 843-468-9999

Fax:

Other: 843-468-6437

Email: Ctaxi@live.com

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

(FORM 1)

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009-124-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class C Taxi
- ☒ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate

- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other:

RECEIVED  
MAR 18 2009  
PSC SC  
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

215795

FORM C-AC

2009-124-T

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department

101 Executive Center Drive

Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTER

DATE 3/17, 2009

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Jessie M. White, dba: Cobi Cab

2. (a) Street Address of Applicant 1221 Shalom Drive

Myrtle Beach SC 29588

(b) Mailing address, if different from street address \_\_\_\_\_

(c) Telephone Number 843-468-9999 Fed ID # \_\_\_\_\_

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

		Balance at Time Application is Filed:	
		Month:	Year:
<b>Assets:</b>			
Cash	600		
Receivables			
Real Estate			
Buildings and Equipment-Net	1100		
Motor Vehicles-Net	4700		
Garage Equipment-Net	3300		
Machinery and Tools-Net	400.00		
Supplies on Hand	20.00		
Prepaids and Other Assets			
<b>Total Assets</b>	<b>7053.00</b>		
<b>Liabilities and Equity:</b>			
Accounts Payable			
Notes Payable			
Mortgages Payable			
Equipment Obligations	4500		
Accrued Salaries and Wages	350		
Other Accrued Obligations			
Other Liabilities	350		
<b>Total Liabilities</b>	<b>4600</b>		
Capital Stock			
Retained Earnings			
<b>Total Equity</b>	<b>7053.00</b>		
<b>Total Liabilities and Equity</b>	<b>11053.00</b>		

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-100 et. seq. of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and agrees thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF Wayne

I, James M. Williams,  
(Name of Applicant's Representative)

of Carroll,  
(City)

do hereby certify that the Applicant for the Certificate of Public (Applicant)

is true and correct, and necessary as set forth in and to the public interest, and I further certify that all statements contained in the above Application are

SWORN TO before me

This the 17 day of March, 2009.

James M. Williams  
(Signature of Applicant's Representative)

Commission Expires: 9/12/15

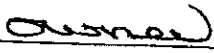
James M. Williams  
(Signature of Applicant's Representative)

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Jessie Musselwhite dba Cat's Cab

For the transportation of passengers as follows:

Area to be served: SC & surrounding areasNumber of passengers: 7Fares : 2.80 mile 1.00 each add. person.  
1.75 startDate 3/17/09  
By  
Title

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**  
**DESCRIPTION OF EQUIPMENT**

\* Seats if passenger carrier.

Proa  
(Title)

## INSURANCE QUOTE

The following insurance quote is for:

Jeannie Mussa-Rhite, dba: Cali Cars  
(Name of Motor Carrier)

1221 Sharon Dr., MB, SC 29588  
(Address of Motor Carrier)

### Amount of Premium:

Liability Insurance 3,009.00

The above quoted premium is for a term of \_\_\_\_\_ months.

### Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

Canal  
(Insurance Company Name)

P.O. Box 7, Beaufort, SC 29902  
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

3/17/09      Jeannie Mussa-Rhite  
Date      (Authorized Insurance Company Representative)

Rev 5/07

**EXHIBIT FWA**

**Name:** Jessee Musselwhite, dba: Cali Cab

**Address:** 1221 Shalon Dr., Myrtle Beach, SC 29588

**Telephone No.** (843) 468-9999

**Fax No.** \_\_\_\_\_

**U.S.D.O.T. No.** \_\_\_\_\_

**ICC No.** \_\_\_\_\_

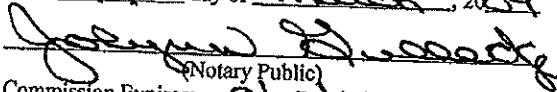
1. Does Applicant have a Safety Rating from the U.S.D.O.T.?
- Yes \_\_\_\_\_ No ☒ Pending \_\_\_\_\_ (Submit when received)  
(If "yes", indicate rating and provide copy) Satisfactory \_\_\_\_\_  
Conditional \_\_\_\_\_  
Unsatisfactory \_\_\_\_\_
2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?
- Yes \_\_\_\_\_ No ☒
3. Are there currently any outstanding judgment (s) against Applicant?
- Yes \_\_\_\_\_ No ☒  
(If "yes", indicate nature of judgment(s).
4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?
- Yes ☒ No \_\_\_\_\_
5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
- Yes ☒ No \_\_\_\_\_  
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

  
(Applicant's Signature)

Sworn to before me

At Myrtle Beach

This 17 day of March, 2009

  
(Notary Public)

Commission Expires: 9/12/15